

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Customer Number: 83729  
David W. Morris, et al. : Confirmation Number: 4557  
Application No.: 10/539,228 : Group Art Unit: 1643  
Filed: October 28, 2005 : Examiner: Holleran, Anne L.  
For: NOVEL COMPOSITIONS AND METHODS IN CANCER

**PETITION FOR EXTENSION OF TIME**

Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the time for response to the Office Action dated April 9, 2008, now due to expire July 9, 2008, be extended for three month(s) and set to expire on October 9, 2008.

Please charge the extension fee of \$1110.00 to Deposit Account No. 502624. Please charge any additional fees or credit any overpayment to Deposit Account No. 502624.

Respectfully submitted,

McDERMOTT WILL & EMERY LLP

/David A. Gay/

David A. Gay  
Registration No. 39,200

11682 El Camino Real, Suite 400  
San Diego, CA 92130  
Phone: 858.720.3300 DAG:cjh  
Facsimile: 858.720.7800  
Date: April 29, 2009

**Please recognize our Customer No. 83729  
as our correspondence address.**

Adjustment date: 06/10/2009 CKHLOK  
04/30/2009 INITFSW 00007243 502624 10539228  
02 FC:1253 1110.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>06/08/09</u>		2 Serial/Patent # <u>10/539,228</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	WFEE	04/29/09	\$ 1,110.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,110.00	
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #: 9    5 0 -- 2 6 2 4	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):  Extension submitted after extendable period.			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: Petitions Examiner		
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: (571) 272-3204		
OFFICE: Office of Petitions				
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APPROVED: <u>OKhok</u>		DATE: <u>6/10/09</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
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Crystal Park One, Room 802B